

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000010327 (2)

1. Corporation Name

LE SHOPPE SOUTH, INC.



Principal Place of Business

2301 POWERLINE RD 100
BOCA RATON FL 33433

Mailing Address

2301 POWERLINE RD 100
BOCA RATON FL 33433

3. Date Incorporated or Qualified
01/31/1994

3a. Date of Last Report
07/31/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 21301 Powerline Rd.

22 City & State

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
22-3315723

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEINER, MICHAEL S
102 N SWINTON AVE
DELRAY BEACH FL 33444

81 Name

Lance Shinder

82 Street Address (P.O. Box Number is Not Acceptable)

19 W. Eagleson St.

83

SUITE 1212

84 City

MTL

FL

85 Zip Code

33130

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required with filing.)

4/22/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP
VICARI, PHILLIP
STREET ADDRESS POSTHOUSE RD
CITY-ST-ZIP MORRISTOWN NJ 07966

TITLE ☐ DELETE

NAME DVS
AMORIELLO, JOSEPH D
STREET ADDRESS 242 ROBERTSON WAY
CITY-ST-ZIP LINCOLN PARK NJ 07035

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

NAME DP
STREET ADDRESS Philip Vicari
10648 Stonebridge Blvd.
CITY-ST-ZIP Boca Raton, FL 33433

2.1 TITLE ☒ Change ☐ Addition

NAME DVS
STREET ADDRESS Amoriello, Joseph D.
5533 N. Military Tr. #1705
CITY-ST-ZIP Boca Raton, FL 33496

3.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or only in attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 (407) 8524600
Date Daytime Phone #

CR2E034 (12/95)